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St. Bartholomew's Hospital Journal,

OCTOBER 14th, 1899.

"Æquam memento rebus in arduis
Servare mentem."—*Horace,* Book ii, Ode iii.

WITH this October number we commence the seventh year of issue of our JOURNAL. At least 115 new readers are added to our *rôle;* to them especially we devote a few words of welcome and offer a cordial hand-shake. For the next five years, or more, their interests, both as to work and recreation, will be centred in St. Bartholomew's Hospital. To-day they realise but partially, if at all, how closely that institution will ultimately become associated with their life and thought, so much so that for many of them, if our own experiences go for anything, the happiest and most fruitful period of their manhood will be indicated by that same magic word.

Last month we were able to set forth fully what are the primary objects of the JOURNAL. This month we wish to emphasise the fact that its columns are as much at the service of the first year's man as of the veteran amongst us. It is but natural that we should cherish a desire to cater for the interests of the qualified man, far removed from us it may be by the exigencies of general practice or other work, hoping that by our means a link with the old place may be preserved when many another bond becomes of necessity severed. For once a Bart.'s man always a Bart.'s man is a feeling that appeals to all who have left the happy time of actual studentship behind them. But especially are our columns open every month for the discussion of any topic that concerns the hospital life of the students, and for recording any events which are features in its progress. Cigarette ends and fragments of last week's *Pick-me-up* found in the box allotted to the JOURNAL in the smoking-room are difficult matters to make copy of; but short of such editorial impossibilities as these, we are always glad to receive and publish whatever seems of interest to any section of the school.

So much for the place of our JOURNAL in the scheme of things. Turning now to the manner of the work into which our new colleagues have entered, the present position of Medicine, and the hopes of its future progress, we instinctively refer them to Dr. Church's Abernethian address in this issue, so appropriate in this respect. "You are commencing the study of Medicine at an auspicious time," Dr. Church concludes by saying; "the road you will have to travel is not without its difficulties and temptations, and I heartily wish you God-speed on your journey through life." And if, after reading Dr. Church's fascinating retrospect of the past sixty years' advancement in the science and art they have made their life-work, a feeling somewhat akin to despair arise with respect to their own share in the further progress of the future, let them remember that to earnest knocking the gate of knowledge will often open; but that to mere waiting, however patient, it always remains fast closed.

"I have great confidence," Oliver Wendell Holmes once said, "in young men who believe in themselves. When a resolute young fellow steps up to the great bully, the World, and takes him boldly by the beard, he is often surprised to

find it come off in his hand, and that it was only tied on to scare away timid adventurers." And that front which is best to face the world with is also the most promising with which to meet the facts of Medicine, both known and unknown.

The Progress of Medicine during the Reign of Queen Victoria.

An Address delivered before the Abernethian Society, October 5th, 1899.

By Dr. CHURCH, President of the Royal College of Physicians.

WHEN I somewhat imprudently consented to open the present Session of the Abernethian Society I did not at first realise how arduous a task I had undertaken. It was not until I began to consider on what subject I should address you that I became aware of the difficulties that beset me.

Endless subjects presented themselves to my mind, but when I commenced to think over them, I found that either I was incompetent to treat them in a manner worthy of your attention, or that they were not calculated to be of general interest, or that they had been put before you in recent years by those of my colleagues who have addressed you.

After much doubt, I thought it might be both interesting and useful if I passed in brief review some of the greatest changes which have taken place in our daily life and in the progress of our knowledge, not only in medicine but in the arts and sciences as well, during the reign of Her Majesty the Queen—a period almost commensurate with my own life.

I do not intend to trace the marvellous growth and expansion of our Empire nor of commerce and trade which has taken place; but I must allude to what appear to me to have been the principal causes of our national progress and of the vast changes which have taken place in our daily life during the last sixty years.

The principal one of the many causes which have combined to this end is, without doubt, the extraordinary development of the use of steam as a motive power, which will in future ages be the characteristic feature of this rapidly expiring century. I will not attempt to sketch the gradual evolution of the steam-engine and its application to our means of locomotion, although a most interesting hour could be spent in detailing the advances which have taken place in the application of steam as a locomotive power, but I would remind you that it is only ninety-seven years since Messrs. Vivian and Trevethick took out the first patent for a locomotive. This was designed to run on the ordinary roads of the country, and, though found a comparative failure for that purpose, their engine was used for many years on a tram or railroad for drawing coal waggons at Merthyr Tydvil. It is curious to find that after the lapse of nearly 100 years we are still in the tentative stage of steam and other forms of road locomotives. This arises from the gigantic success of railroads. The attention of engineers was at first wholly directed to the improvement of the railroad itself and the engines employed upon it, to the neglect of any attempts to develop the road locomotive. In a very interesting article on "Railroads and Locomotive Steam Carriages," which you will find in vol. xlii of the *Quarterly Review* for the year 1830, the writer, after saying, "Of all the uses to which the power of steam has ever been applied, that of locomotion is the most important," concludes his article with words which have proved truly prophetic: "The country wherein this new system, *i. e.* railroads, of internal communication shall first be extensively established will have gained a start over all others, whether we look to agriculture or commerce, which we may venture to pronounce beyond the means of human calculation. . . . We see in this magnificent invention the well-spring of intellectual, moral, and political benefits beyond all measurement and price. . . . Such a diffusion of intelligence over the whole country as those statesmen who think the most worthily of human nature will be the least afraid to contemplate."

We see and know how completely these prophetic words have been realised. We had the start, and for many years kept it; and it is only now, when other countries have developed their facilities for locomotion in an equal degree, that we are beginning to feel the effects of their competition on our manufactures. Too little of the prosperity and growth of English commerce during the third, fourth, fifth, and sixth decades of the century has been attributed to the facilities for internal communication, and the enormous increase of ocean-going steamers, without which our manufacturers could not have found such ready means of circulation for their goods, not only in our own country, but over the whole world. I need not further allude to the changes which have taken place in maritime locomotion; they equal, if they do not exceed, those by land. The difference between the Sirius or Great Western of 1838 and the Lucania or Oceanic of to-day is not less than that between Stephenson's Puffing Billy and a modern express engine.

I may seem in thus alluding at some length to the marvellous development of steam for the purposes of locomotion to have wandered far from my proper text, but the stimulus thus given to commerce reacted on science. The whole country was aroused, and rapid progress was made in every direction.

Second, if, indeed, it is second, to steam in effecting the wondrous change that has come over the face of the civilised world during this century is electrical force; and

its development is almost entirely confined to the last fifty years. It is true that some of the phenomena accompanying the manifestations of electric force had been known and studied for many years. The idea of communication by its means had been present to the minds of many from the time of Galileo, who is said to have hinted at the use of magnetism for that purpose.

The discovery that electric force could be conveyed for a distance along a wire without any sensible lessening of its force was known as long ago as 1753, but it was not until 1836 that Prof. Wheatstone constructed his apparatus by which signals were sent through four miles of wire, and ten more years elapsed before the public use of the electric telegraph was inaugurated The use of the electric telegraph for inland communication was quickly followed by attempts to surmount difficulties of communication caused by the sea, and the first marine cable, that between Dover and Calais, was laid in 1850. Since then the thousands of miles of ocean telegraphs, and the hundreds of thousands of miles of inland wires testify to the enormous value of this means of intercommunication; we have already actually accomplished Ariel's boast: "I'll put a girdle round the world in forty minutes." It is but the other day that the world was startled by hearing that Signor Marconi had succeeded in making practical use of wireless telegraphy, and messages can now be passed across the sea, and from place to place, with as much ease as when a conducting wire is present; the immense value of this means of communication from ship to ship, or from ship to shore, cannot be over-estimated, and it is impossible to foresee what the further development of Signor Marconi's discovery may bring forth.

The use of electricity as a source of power is but a few years old, and is undoubtedly still in its infancy. Already it has been largely applied for locomotive and other purposes—electric trams, railways, and motor cars are seen on all sides, and it has begun to dispute the supreme position of steam. When we have adapted, as I hardly doubt we soon shall, the powers of nature,—the wind, the tides, and running water,—to the production of electric force, the revolution in our daily life will probably equal that which the present generation has witnessed as resulting from the introduction of steam power.

I cannot do more than just notice in passing the telephone and microphone, which are dependent on electrical action for their powers of conveying sounds to a distance.

Closely connected with electricity, or, more strictly, with the light that by its means we are able to produce, are the marvellous properties of the Röntgen rays, by means of which, if we cannot see through a brick wall, we can, at all events, through an oaken plank. Of the value of the Röntgen rays as an assistance to medical diagnosis you have almost daily experience within the walls of the Hospital. It is to be hoped that as our knowledge increases we may be able before long to recognise changes in the tissues and viscera with as much ease and certainty as we can now discover the presence of certain kinds of foreign bodies in our midst. Much progress has already been made in this direction.

I cannot pass by photography without a few words, for if, as some think, it has interfered with the development and advancement of the highest forms of pictorial art, it has added very greatly to the ease and economy with which all kinds of subjects can be illustrated, and has, moreover, rendered valuable aid to the study of the most abstruse astronomical questions.

It is just sixty years since Daguerre first introduced to the world his process, and had the good fortune to have his name permanently associated with it; much and important work in the same direction had been carried on for years by others, especially by Thomas Wedgwood and Sir Humphry Davy in this country, and in France by M. Niépce. The expense and labour of the Daguerreotype process led to its being rapidly superseded when the methods of sensitising paper and collodion films were shortly after brought into notice by Messrs. Fox-Talbot, and Archer.

The adaptation of photography to what is called microphotography enables us to study at our leisure, as well as graphically to represent, the most delicate tissues, and has thus been of inestimable value to the histologist. When used in conjunction with the rapid motion obtainable by electric means, it has enabled us to study the various muscular acts which take place in animal locomotion. Even the cinematograph, although used chiefly as a means of astonishing the multitudes and of extracting pence from the pockets of the curious, can preserve for future generations an absolutely truthful record of events which are of interest in our national history.

I have neither the time nor the knowledge to allude to the triumphs of chemistry over matter during the period we are considering. The impetus given to trade led to the application of this branch of science to manufacturing purposes, and nowhere has science brought to man a more fruitful harvest than in this connection. We have seen the discovery of numerous unsuspected elements, and by spectrum analysis we have been able to investigate the atmosphere surrounding the solar bodies. The most incompressible gases have been liquefied, and even hydrogen has now been solidified. More interesting, perhaps, to us have been the triumphs of what is termed synthetical chemistry, by which substances have been formed directly from inorganic substances of the same nature as those which but recently were only known as the products of living matter.

I must now return to my more proper subject—medicine, dealing as it does with what man prizes most highly, his own well-being, lays all knowledge under contribution; we care not whence it comes or how obtained, everything which in the slightest degree promises to provide us

with additional means for the prevention or treatment of diseases, or the alleviation of suffering, is at once pressed into the service of our art, as Ovid says:

> Et quoniam variant morbi, variabimus artes,
> Mille mali species, mille salutis erunt.
> Ovid, *Remedia Amoris*, 525.

Hence it was necessary that I should briefly draw your attention to the advances which have taken place in some of the arts and sciences other than medicine.

We must, I think, confess that medicine did not keep pace with the progress made in other directions at the commencement of the Queen's reign. Our knowledge of the causation of disease and our treatment remained very much as it had been during the preceding fifty or hundred years. Our soldiers in the Crimean suffered from the same evils and from much the same causes as in the Peninsular war; fever, erysipelas, and dysentery were as rife as in the days of old, and, in addition, they had the devastation caused by the presence of cholera in Europe.

Bacon, in the *Advancement of Learning*, divides medicine into three parts:

1. The preservation of health.
2. The cure of diseases.
3. The prolongation of life.

He blames the physicians of his own and past times for not paying sufficient attention to the last of these three divisions, but I expect that the physicians were right and that the prolongation of life is in truth included in the first portion, and that Bacon was wrong in thinking that there was a radical difference between what conduces to health and to long life.

Let us now consider Bacon's first division; we shall see that no department of medicine has made more remarkable advances during the last sixty years than that portion which is now commonly spoken of as "preventive medicine," a term not quite so wide as sanitary science.

Sanitary laws of some kind or other have probably existed in all communities sufficiently advanced to have written laws. Moses, who was "learned in all the wisdom of the Egyptians," undoubtedly took many of his sanitary laws from them. Rome appears to have paid greater attention to sanitation than any of the great cities of Greece; at all events, many more notices of sanitary edicts and laws are found in connection with her history than in that of the great city of light and learning—Athens. I cannot attempt to trace the growth of sanitary science in Rome, nor the decline which followed the breaking up of the Roman empire. In some of the earliest records that we have of the city of London we find examples of sanitary regulations. In the thirteenth century numerous rules and orders existed in the city, and among others are mentioned enactments against wandering pigs, those of St. Anthony's House alone being excepted; offensive trades were prohibited, except under certain conditions and in specified localities. Somewhat later, by Royal order, all slaughtering of sheep and oxen and swine were forbidden within the city, and could not be performed nearer than Knightsbridge or Stratford-by-Bow, an order which it is much to be regretted was allowed to fall into oblivion. I need hardly allude to the frequency with which laws as to the segregation of lepers occur in the city's history, and, at a later date, the rules which were enforced in the time of plague. Yet it was not until the eighteenth century that preventive medicine really arose. Its first exponents were Sir Richard Mead, who in 1720 published his short *Discourse concerning Pestilential Contagion and the methods to be used to prevent it.* Sir John Pringle, a little later, treated of *Diseases of the Army and the means to prevent them*, and Dr. Lind did the same for the Navy. Invaluable as the work of these men has proved, and greatly as they added to the knowledge of the profession, I doubt if their writings would have had any effect on the minds of the general public. It required something more stirring to draw attention to the ravages of disease, which, whilst they fell mainly on the poorer portion of the community, yet were the main causes of the general prevalence of fever amongst all classes. It appears to me that it was the noble work of the philanthropic Howard that first drew general attention to the foul and festering centres whence fever spread to the general community. Howard's revelations of the condition of the gaols and their inhabitants aroused public attention. His work, as you know, was mainly done between the years 1770–90, in which year he died; vast as was the improvement in our gaols and the condition of the criminals, I do not know that the labouring classes, so far as habitations and sanitary matters went, were much affected. It needed the rude awakening that the nation had by the visitation of cholera in 1831–32 and 1848–49 to rouse interest in sanitation. Before the recollection of the visitation of cholera in 1848–49 had faded came the horrors of the first Crimean winter and the breakdown of the military medical department, and the third cholera epidemic of 1853–54. Charles Kingsley's novel of *Two Years Ago* was not without influence on public opinion, and his persistence in preaching that cleanliness and health were next to godliness assisted in rousing public feeling.

There was no real sanitary legislation until the reign of Victoria; until then, sanitary science, apart from the treatment of disease and the steps taken for the prevention of the spread of epidemics by a system of quarantine, was not in advance of, even if it was on a level with, that of the Romans. In fact, in the matters of personal cleanliness, and probably the cleansing of our cities, ancient Rome, with her baths for all classes, was distinctly in advance of our own metropolis seventy or a hundred years ago; and one does not feel sure that we are yet on a level with the ancients in those respects.

I should weary you if I mentioned a tithe of the Acts of Parliament passed during the Queen's reign with the object of ameliorating the sanitary conditions of our teeming population. We see how out of evil good has arisen, for there can be no doubt the 1853–54 epidemic of cholera, and the effect of good hospital management, as manifested by the successful labours of Miss Nightingale during the second year of the Crimean war, were the real moving forces which brought before the intelligent portion of the public the need for greater attention to sanitary matters, and rendered the opposition to the necessary legal enactments less stubborn than it had been during the earlier years of Her Majesty's reign.

The mention of Miss Nightingale reminds me that it is to her that the world owes so great a debt for introducing the present system of nursing by properly trained women, who bring the highest aims and aspirations to their work, and have had so great an influence in improving not only the condition of the sick and wounded, but the whole moral atmosphere of our hospitals. I am old enough to remember the old system of nursing here by rough and uneducated women, many of them excellent, good women—and good nurses, too—but the difference between the state of wards now and then is as great as is the difference between the murky gloom of an old-fashioned tallow candle and the brilliancy of the electric light.

I may seem to you to have dwelt too long on preventive medicine when there is so much more to mention; but, when history comes to be written, I believe that the present century, and especially the last half of it, will be memorable as the period when statesmen really thought of the welfare of the people and first clearly perceived that health, which can only be obtained by decent surroundings, is the essential need for the prosperity and happiness of a nation.

Bacon's second division of medicine was the cure of diseases. In his time diseases were looked upon as foreign invaders, which entered our bodies and acted either on the spirits, which played so great a part in the pathology of the physicians of his day, or on the juices of the system; and were either to be driven out by forcible means or, what was nearer the truth, that by diet and regimen the "humours and constitution of the body" should be so regulated that the human body, which he likens to a musical instrument, should be kept in tune and work in harmony.

I think we must confess that during the first half or more of Her Majesty's reign medicine did not make any marked progress in the cure of disease. Great advances were made in our methods of diagnosis, and the use of instruments of precision, such as the stethoscope, ophthalmoscope, laryngoscope, and the thermometer, were introduced into clinical practice. It is difficult to believe how slowly the use of even the stethoscope was adopted by the profession, and even I am old enough to remember when many old-fashioned practitioners appeared to regard it with suspicion. Apart from treatment, diagnosis advanced rapidly, due not only to the means I have just referred to, but also to the much greater attention paid to morbid anatomy and pathology. The work of Matthew Baillie, Carswell and others was continued with increasing devotion, and the names of Bright, Addison, and Jenner will always be associated with diseases of the kidneys, supra-renal bodies, and typhoid fever.

If the medical treatment of disease made but little progress in the forties and fifties, this was not the case with surgery; owing to the introduction of anæsthetics, surgery outstripped medicine, and it was during those years, even before the days of antiseptics, that conservative surgery arose, and that abdominal surgery became, through the labours of Clay, Spencer Wells, and others, firmly established.

We are apt to forget how recent is the introduction of anæsthetics; it seems probable that the Chinese, centuries ago, made use of a preparation of Indian hemp to annul pain, and that the Greeks and Romans used mandragora and opium for a similar purpose. The dangers attending the use of these drugs in quantities sufficient to cause anæsthesia were so great that their use was never general, and was discountenanced by all responsible physicians. Sir Humphry Davy, in 1796, suggested the use of nitrous oxide for this purpose, and a little later Dr. Hickman proposed using carbonic acid gas. The fact that sulphuric ether could produce insensibility was demonstrated by Godwin as early as 1822, but it was not until 1846 that Dr. Morton, a dentist at Boston, N.S., made practical use of it. In the same year, on December 19th, Mr. Liston, in University College Hospital, performed the first operation in this country on a patient under the influence of ether, and the following year chloroform was introduced by Sir James Simpson.

I might occupy much time in describing the many improvements in the treatment and the management of fever, pneumonia, phthisis, and many other diseases, but time forbids me, and before speaking of what I have no doubt will be hereafter regarded as the greatest scientific triumph of the century, I should like to draw your attention to the immense progress made in our knowledge of the structure and functions of the nervous system. There have, in the latter half of the century, been worthy followers of Sir Charles Bell and Marshall Hall. Hughlings Jackson—led on, perhaps, by the observations of M. Broca on the occurrence of aphasia with injury or disease of certain portions of the brain—established by a series of most careful clinical observations the existence of motor centres in the cortical substance of the brain; his clinical records were supplemented and verified by the experimental work of Hitzig and Ferrier, and their experimental work resulted in the practical application of their discoveries by surgeons. In connection with cerebral surgery I ought not to omit to mention the names of Macewen and Horsley.

Nor must I pass by the astonishing results obtained by

thyroid feeding in cases we now know as myxœdema and sporadic cretinism. Not only have we learnt through the researches of Drs. Ord and Murray the treatment of a progressive and fatal disease, but light has been thrown on what was one of the most difficult questions in physiology—the purpose and use of ductless glands. It appears probable that not only the thyroid, supra-renal bodies, and other ductless glands have internal secretions which are indispensable for health, but that other glands, besides the secretions that they pour forth through their ducts, also secrete special substances which play an important part in the economy of the animal body.

In recent years our knowledge of the entozoa, which, during some periods of their existence, make a home in our bodies, has been greatly extended; by learning their life history, and the transformations they undergo, we are better able to protect ourselves from their presence. We now know the true nature of some forms of chyluria and hæmaturia, of certain kinds of anæmia connected with intestinal entozoa, and thanks to the labours of Marchiafava and Bignami in Italy, and Ross and Manson in the tropics, we seem to be within measurable distance of unveiling the mysteries of malaria and ague.

The 27th of December, 1822, will in future centuries be commemorated in a manner similar to that by which we now keep in mind the birthdays of Harvey and Newton, for on that day, in the Rue des Tanneurs, at Dôle, was born Louis Pasteur, who may be said to have revolutionised medicine. Whatever may be the eventual outcome of his work, it is certain that, until he showed the way, we had no knowledge of the causation of infectious diseases. Analogy had led us to speak of certain forms of disease as zymotic, in the supposition that their action on our systems must be due to some cause working in the body, much in the same way that a fermenting body introduced into a suitable medium induced fermentation in the whole mass. This view of the similarity of various forms of disease to fermentation is by no means of recent date, and I will read you the truly prophetic words by Dr. Boyle, written more than two hundred years ago: "The man who shall probe to the bottom the nature of ferments and fermentation will doubtless be much more capable than any other of giving a true explanation of the divers morbid phenomena of fevers, as well as other affections." We have witnessed the absolute fulfilment of this prophecy. Pasteur, who had previously distinguished himself as a crystallographer, and had been engaged in the investigation of some of the most abstruse questions in organic chemistry, was in 1854 appointed Dean of the Faculty of Sciences at Lille, and determined to devote himself to the study of fermentation, with a view of improving the principal manufacture of the place—alcohol from beet sugar. I have not the time nor the requisite chemical knowledge to trace the steps by which he proved that all fermentation was due to the presence of living organic bodies—micro-organisms, as we call them,—and that if they were excluded, putrescible and fermentable substances could be kept unchanged for an indefinite time, and that no living organism ever made its appearance in them. He thus once and for ever disposed of the theory of spontaneous generation which had exercised the minds of philosophers from the earliest ages.

The first application of this discovery to medicine was suggested by Pasteur himself in 1862, when he recommended that the bladder, in cases of fermenting ammoniacal urine, should be washed out with boracic acid. This suggestion was at once carried out by M. Guyon, and is now practised almost daily by our house surgeons.

Our own countryman, Lord Lister, was the first to see the bearing of Pasteur's discoveries on the treatment of wounds and parts exposed by wounds. In and after 1865 Lister made especial study of the means by which the micro-organisms could be excluded from wounds, or if present, destroyed, and thus laid the foundation of modern surgery. Sir James Paget has said:—"It is impossible to estimate the number of the thousands of lives that are annually saved by practices which are the direct consequence of Pasteur's observations on the action of living ferments, and of Lister's application of them. In the practice of surgery alone they are by far the most important of the means by which the risks of death or serious illness after wounds are reduced to less than half of what they were thirty years ago, and of the means by which a large number of operations, such as at that time would have been so dangerous that no prudent surgeon would have performed them, are now safely done." Had Pasteur done nothing else for medicine, and the world, than discover the true nature of fermentation, he would still have deserved most fully the words of eulogy addressed to him by Lord Lister at his jubilee in 1892. "Truly there does not exist in the entire world any individual to whom the medical sciences owe more than they do to you. Your researches on fermentation have thrown a powerful beacon which has lightened the darkness of surgery, and transformed the treatment of wounds from a matter of uncertain and too often disastrous experience into a scientific art of sure beneficence. Thanks to you, surgery has undergone a complete revolution, which has deprived it of its terrors, and extended almost without limit its efficacious power."

In 1865 Pasteur undertook the investigation of the destructive disease which was threatening to destroy the silk industry of France and Italy; for four years he continued his investigations, and not only proved the parasitic nature of pebrine and flacherie, but recommended the means by which the prevalence of these diseases was in a few years stamped out. Possibly it was the work that he had done on pebrine which caused him to turn his attention more particularly to contagious diseases in animals. As long ago as 1850 Rayer and Davaine had found living organisms in

the blood of animals affected with anthrax, and in 1865 Davaine satisfied himself that these organisms were the true cause of anthrax, but his conclusions were not generally accepted until Pasteur proved afresh the truth of Davaine's observations. Continuing his labours, Pasteur, besides differentiating the micro-organisms peculiar to particular diseases, found out means of cultivating them outside living bodies, and thus laid the foundations of bacteriology; bearing in mind also the nature and effects of vaccination, he investigated the effects of the attenuation of these micro-organisms when passed through the system of different animals, or when artificially cultivated in different media and under diverse conditions. He found that by inoculations with attenuated virus, animals could be rendered immune to doses of the micro-organisms, which otherwise were certainly fatal. This was the crowning achievement of all his labours.

Pasteur was the pioneer, and it would be impossible for me to mention his followers who have carried on the work which he inaugurated. Koch's name must, however, be especially mentioned, for to him we are indebted not only for the demonstration of the micro-organisms of tubercle and cholera, but for having, by the improvements he introduced into the methods of bacteriological investigation, rendered it possible to obtain the amount of knowledge which we now have of so many of these infinitesimal but most potent organisms.

I have hitherto only mentioned the effect of the micro-organisms themselves when introduced into the body, and the first method of obtaining immunity was by administering the micro-organisms in an attenuated condition. It was gradually found out that the fluids of artificial cultures when freed from all trace of the micro-organisms themselves, *i. e.* sterilised, were capable of producing similar effects to those which followed the introduction of the micro-organisms themselves. In other words, that the effect of the organisms on the animal system was due to the production by them of a poisonous material. To these poisons the name of toxins has been given; it was also found that the gradual introduction of these toxins conferred immunity on the animal from the effect of the micro-organisms. Another and still more surprising result was also gradually discovered,—that the serum of the blood of an immune animal, when injected into the system of another, conferred on it the same immunity as was enjoyed by the animal from which it was taken. In other words, that the blood of the immune animal contained something which counteracted the toxin. We speak of this as "antitoxin." Furthermore, not only does the antitoxin confer immunity, but, in some cases, at all events, it can undoubtedly act as a cure and counteract the effects of the toxin as it is produced by the micro-organism in the system.

Serum-therapy is but yet in its infancy; and although we have not got such satisfactory proof of its efficacy as a means of cure in other diseases as in diphtheria, we have hardly had time to judge of its value. Evidence of its power in conferring immunity in bubonic plague and typhoid fever is daily increasing, and I think we are justified in thinking that the time is not distant when we shall have obtained a measure of control over most, if not all the diseases due to the presence of micro-organisms within us.

The genius of Pasteur and the labours of those who have followed in his footsteps have demonstrated the truth of the germ theory of disease, and have already added greatly to our powers of protecting ourselves from their malevolent action; but still much remains unexplained. What are the circumstances that cause us to be a fertile soil for their development at one time and at others renders us proof against their attacks? Why, when living under exactly the same conditions and exposed to the same influences, are some affected whilst others escape? These and many similar questions which I could put before you are as yet unanswered, but not, we now believe, unanswerable.

I have attempted to night to put before you some of the advances in knowledge that have been made during the last sixty years which appear to me to have had the greatest influence on the progress the world has made during that period, and I have dealt more especially with those connected with medicine.

Those of us who are growing old have lived to see the dawn of what promises to be the most eventful era in the history of medicine, when, for the first time, we have begun to see a glimmering of light thrown on the nature and causation of diseases. The light is growing. You may live to see the sun rise higher and higher, and gradually dispel the darkness which still remains, and enable us to penetrate more deeply into the hidden secrets of Nature.

You are commencing the study of medicine at an auspicious time. The road you will have to travel is not without its difficulties and temptations, and I heartily wish you God-speed on your journey through life.

Notes from the Surgical Out-patient Room.

By H. J. Paterson, M.B., F.R.C.S.

DO students utilise to the best advantage the large amount of valuable clinical material passing through the out-patient department of the hospital? There is, indeed, no lack of interest in the new cases which arrive daily, but little or no attention is paid to the old cases, at any rate by the majority of students. This is a pity, as much can be learnt from watching the progress of these cases under treatment, and knowledge gained in this practical manner is far more vividly impressed on the mind than information gained by reading. Is it not a fact that in the out-patient department the student's chief

interest centres round the diagnosis of the case? Whether the diagnosis in a doubtful case is proved to be correct, or whether the treatment ordered cures the patient, tends to become a secondary consideration. Perhaps this is to be accounted for by an impression, prevailing to some extent among intending candidates, that in the clinical part of the examinations at the College and elsewhere, the chief requirement is the making of a definite diagnosis of each case. But the mere giving of a definite name to a disease, even if correct, is not everything. It is apt to be forgotten that the candidate's method of examining the cases, powers of observation, knowledge of pathology, not to speak of details of treatment, are carefully considered by the examiners. And further, however interesting from a scientific point of view, and however valuable as a mental training methods of diagnosis may be, diagnosis is, after all, only a stepping-stone to the relief of the patient. Hence, from a practical point of view, the after-progress of the case is of the highest interest, as it tests the accuracy of the diagnosis, and shows the efficacy of the means employed to promote a cure.

On thinking over the request of the Editor for a contribution to the JOURNAL, I have thought I could not do better than briefly record some of the cases which have come under my notice while doing temporary duty in the out-patient department. While I trust that these notes may be not altogether devoid of interest to readers of the JOURNAL, my chief object is to suggest that much profit may accrue to students from following with greater assiduity the progress of the various cases which can be seen in this department of hospital work.

I. *Syphilis simulating eczema.*

It is a well-known and remarkable feature regarding the skin affections of syphilis that they do not, as the other exanthemata, keep to one form. Every known skin disease of constitutional origin may be very closely imitated by a rash which is syphilitic in origin.

A woman, æt. 46, came to the out-patient department, having the fingers and palm of her right arm in an eczematous condition. The part affected was reddened, peeling in patches, and much fissured. There was no rash on any other part of her body. There was some œdema of the back of the hand and wrist. It seemed a typical case of eczema rhimosum. Appropriate treatment led to no improvement. After some time, a slightly raised circular reddish patch appeared on the back of the lower forearm. This patch assumed a horseshoe form, and gradually spread in a serpiginous manner. It was now clearly a case of tertiary syphilis, the condition of the hand being an instance of the so-called "syphilitic palmar psoriasis," a most intractable condition to treat. And so it proved, as, although the eruption on the back of the forearm yielded to antisyphilitic remedies, and the œdema on the back of the hand diminished, the condition of the hand improved very slowly, and has been marked by frequent relapses. The term "psoriasis" applied to this condition does not convey an accurate idea of the appearances presented, as there is little tendency to scaly accumulation, but rather to extensive peeling, and sometimes destruction of tissue. Until the appearance of the rash on forearm appeared, the case could scarcely be regarded as other than a typical case of eczema, and it is interesting to note that in this case, as so often happens in some of the more intractable varieties of tertiary syphilis, no history of syphilis could be elicited from the patient by the closest questioning, beyond the statement that she had had a sore throat six years previously.

It is less common for the manifestations of syphilis to simulate other diseases, but the following two cases are good examples of this occurrence:

II. *Syphilis simulating lymphadenoma.*

A man, æt. 32, came to the out-patient room complaining of swellings in his neck. He stated that previously he had noticed a swelling under the right side of his lower jaw. This swelling fluctuated in size, but then gradually got better. Soon afterwards, however, the left side became the seat of a similar swelling, which did not get better, but rather gradually increased in size. Similar swellings then again appeared on the right side. On examination, he was found to have a general enlargement of the lymphatic glands of the neck, some of the glands being as large as a walnut, freely moveable under the skin, not matted together, and fairly moveable over the deeper structures of the neck. The glands in both axillæ were enlarged, and to a less extent the glands in both groins. On the front of both legs were several pale, whitish scars, the results of ulceration three years previously.

From the general distribution and character of the enlarged glands, a diagnosis of lymphadenoma was made. This seemed to be confirmed by the gradual enlargement of the glands, and by the fact that about a month later the spleen could be felt to be distinctly enlarged. About six weeks afterwards one of the glands in the lower part of the right anterior triangle of his neck began to break down. Another diagnosis had now to be sought. The boggy feeling of the breaking-down gland suggested a gumma. On inquiring further into his history, it was found that he had apparently had syphilis seven years previously; he was put on iodide of potassium. When seen four days later, the skin over the breaking-down gland had given way, leaving a typical gummatous ulcer, with sharp-cut edges, deep excavated base, covered with thick, yellow slough. Two other glands were breaking down, and in a few days resulted in similar gummatous ulcers. As the diagnosis of syphilis was now confirmed, he was put on mercury as well as iodide, and within three weeks all the ulcers were quite healed.

It is difficult to see, on looking back on the case, how any other diagnosis than lymphadenoma could have been made, so exactly did not only the physical characters of the case, but also for a time the subsequent course of the case, simulate that disease.

(To be continued.)

Notes.

THE number of entries of new students at the beginning of the Winter Session 1899–1900 maintains our usual high level. The total entries are 184, of which 115 are to the full curriculum, 52 to special courses, and 17 to the Preliminary Scientific Class. The entries for the past five years are appended for comparison:

Year.	Full.	Special, including Preliminary Scientific Class.	Total.
1894 ...	119 ...	74 ...	193
1895 ...	105 ...	82 ...	187
1896 ...	84 ...	81 ...	165
1897 ...	97 ...	91 ...	188
1898 ...	100 ...	89 ...	189
1899 ...	115 ...	69 ...	184

This year there is a big gap between our own entry of men to the full curriculum and that of the next school on the list, the London Hospital with 83. Guy's follow with 79. All other schools are below 60.

All "Freshmen" will find a copy of last month's Journal addressed to them at the Cloak Room. In it they will find a full account of our various social organisations. Details concerning one of these, however, omitted last month, we are able to give in this issue. We refer to the Volunteer Medical Staff Corps.

* * *

The awards of Entrance Scholarships are as follows:

Senior Scholarship, Chemistry and Physics (£75).—E. Likiernik.

Senior Scholarship, Biology and Physiology (£75).—Not awarded.

Junior Scholarship (£150).—H. D. Clementi-Smith and K. S. Wise, æq.

Preliminary Scientific Exhibition (£50).—Not awarded.

Jeaffreson Exhibition (£25).—M. B. Reichwald.

* * *

Mr. William Odell, F.R.C.S., has been elected President of the Torquay Medical Society.

* * *

Mr. W. L. H. Duckworth, M.A., M.B.(Cantab.), has been appointed to the University Lectureship in Physical Anthropology.

* * *

The following have been appointed for temporary service with the troops in South Africa: Messrs. W. H. Farmer, R. W. Jameson, W. J. Rowe, C. G. Watson, and P. Wood.

* * *

It is proposed to hold a "Bart.'s Dinner" at Exeter shortly. Any old Bart.'s men residing within reach, and wishing to participate, are asked to communicate either with Dr. Shelley of Witheridge, Dr. Cutcliffe of North Tawton, or Dr. Curry of Uffculme as soon as possible. The object is a *réunion* of Bart.'s men practising in the West of England.

* * *

Mr. Hussey, in a letter which we print on another page, draws attention to what he considers the prohibitive price of the Old Students' dinner, an account of which we also give. We believe the question is by no means a new one; still, we should be pleased to offer the Hon. Sec. the necessary space to state his view of the matter, or other old Bart.'s men to the same end.

* * *

Mr. Bruce Clarke informs us that quite another obstacle than the expenses incurred prevented some old Bart.'s men from attending the dinner—the more insurmountable one of old age. Dr. Wolstenholme, of Abergele, wrote saying he was "too old to go so far to dinner." Dr. Charles Ray, of Tunbridge Wells, excused himself on the ground that he was "nearer ninety than eighty." And Dr. Edwin Skeate, of Bath, aged 87, sent his best wishes in lieu of risking so long a journey.

We learn that the "League of St. Bartholomew's Nurses" already numbers some 220 members.

* * *

We have received a communication from Dr. Buist, of Cardiff, pointing out that an association exists for the purpose of supplying medical men with instruments and drugs at a little over cost price, and the shareholders of which association are themselves medical men. Were we quite sure no other such companies existed, and that therefore by so doing we should not be running the risk of being asked to advertise them, we would gladly name the association in question. As it is, we have no doubt that Dr. Buist would willingly give any necessary information on the point to any one who communicated with him.

* * *

It is with much regret that we announce the death of Miss Caroline E. Greenop, much better known to all connected with St. Bartholomew's Hospital as "Sister Abernethy." For many years, up to the time of her retirement on October 31st, 1897, no figure amongst the nursing staff was a more familiar one than Sister Abernethy's. Miss Greenop became a nurse at Bart.'s in 1872; she was appointed "Sister Stanley" in 1875, and "Sister Abernethy" two years later, remaining in this capacity until she had completed a length of service of twenty-five years.

* * *

It may be interesting to Bart.'s men to know that the Chemical Laboratory is open to Public Health students daily, during both the winter and summer sessions, from 10 to 5; Saturdays, 10 to 1. Candidates for diplomas in Public Health can enter at any time during the year; hours are arranged to suit each individual, the necessary work being spread over a longer or shorter period as desired. This information may be useful to Bart.'s men in practice, who find it inconvenient to attend a class at stated hours.

* * *

Dulce est decipere in loco. But the *rôle* of the mountebank is not the monopoly of the medical student We must have been sad dogs at some time back in the "Bob Sawyer" stage of our existence to have merited that character which some still hold, and—we cannot help thinking—foster about us. From time to time we see this evidenced in the rather spiteful paragraphs of the cheaper and more sensational press. But it was certainly with some astonishment that we read the following headline in one of the better evening papers—one which still commands a penny, and which *à priori* we should have thought superior to such petty innuendoes:

"Anti-Boer Medical Students."

This was an account of the charges at Bow Street following the demonstration in Trafalgar Square, when the pro-Boer protested and patriot prevailed. We naturally looked to see how many of our profession were summoned,

and what awful villainy they had perpetrated. *There was not one medical student charged.* Judge of the perilously apoplectic appearance of our editorial face. Presumably the only claim to the title of the article was "a well-dressed man without occupation," who volunteered the gratuitous information that "he went with three medical students." One might well gather from the heading that medical students were the instigators, or, at any rate, chief offenders in the rowdyism, whereas the inference is obviously unjustifiable and absurd. Surely it is time such petty persiflage were dropped.

Our Social Organisations.

(*Continued from page* 191.)

IN the September number of the JOURNAL a descriptive list was given of the various clubs and societies flourishing at the Hospital, and by means of which the student can obtain exercise and enjoyment in many ways. Mention, however, has not been made of one very popular institution at Bart.'s, which is not amalgamated with the Clubs, nor is self-supporting, and this is the Volunteer Medical Staff Corps, corresponding to the Royal Army Medical Staff of the British army.

No. 3 Company of this corps is recruited from three London hospitals, and has for years numbered among its members a strong and enthusiastic Bart.'s contingent; the other hospitals are St. Thomas's and Westminster. The corps offers exceptional opportunities for exercise and recreation to the student, and is very inexpensive, for outside the entrance fee of 10*s.* and the annual subscription of a similar amount, the other expenses are very small.

Twice a year—at Easter and in August—the men go away to camp, and during these times live at the expense of the Government.

A member is required to attend seventy-two drills in his first two years, and the annual inspection is compulsory; beyond these restrictions there is nothing binding or likely to be irksome, as preventing a man from engaging in other pursuits or in interfering with his hospital work; in fact, a special effort is made to arrange drills and parades at times that do not clash with the working arrangements of the medical school.

The company is officered by Bart.'s men, and the majority of the non-commissioned officers are likewise from Bart.'s; the St. Thomas's section is now rapidly increasing, though it has for some time suffered from a falling off in its numbers.

The transport section, formed some four years ago, was taken up with great enthusiasm by Bart.'s men, who, by their interest in volunteer work, greatly contributed to the state of efficiency and smartness to which the section has since attained.

A committee is selected each year from members of the company to conduct the annual dance which, for the last three years, has been so well patronised by members of the medical and surgical staff, Bart.'s students and their friends, that its continuance is assured.

Information concerning the corps can be obtained from Messrs. H. G. McKinney, J. J. Scrase, I. L. R. De Morinni, and F. W. Jackson.

Amalgamated Clubs.

THE YEAR'S CRICKET: A RETROSPECT.

The cricket season of 1899, which has just ended, can hardly be described as a success; but when we consider how very much weakened this year's team has been by the loss not only of the three best men of last year's XI—viz. H. S. Greaves, J. A. Willett, and F. A. Rose, who are all out of this year,—but also of L. Orton, who was away all the summer, and F. E. Brunner, who could only play occasionally, we think that the result is, at any rate, not as bad as it might have been.

The three matches that were won were against Kensington, Addlestone, and Hampstead; and of these our victory against Kensington was by far the most creditable, as they were quite the strongest team we met this year.

The Past and Present match this year was far more of a success socially than it has been for some time, and we hope that next year we may have a still larger gathering.

The Past were decidedly unlucky in not having more time, as with a little more they should have won.

We were sorry not to see more of the XI at the annual Past and Present dinner than we did; but, without any wish to make excuses for the absentees, we should like to point out that the dinner is essentially a meeting of *all* the students of the Hospital, both past and present, and that the cricket team forms only a very small proportion of that total.

In Cup matches we were unlucky in being drawn for our first Cup match against St. Mary's, who were exceptionally strong this year, and ultimately were the winners of the Cup.

Turning to individual performances, and taking the batting averages first, it will be seen that only one member of the team—viz. H. E. Scoones—has an average of over 20. His average of 23·25 does not by any means represent the service he has rendered his side, for throughout the season he has been quite the mainstay of the batting, and on more than one occasion he has kept his end up when every one else had failed. This was especially noticeable in the Cooper's Hill match, when he went in first, and was not out at the close.

C. H. Turner, who is next with an average of 19·25, was unfortunately unable to play in the first half of the season, and his absence helped to make the team weaker than it already was.

H. E. G. Boyle, who comes next, shows a great improvement on last year's form, his 89 against Kensington being the highest individual score for the Club this season.

T. H. Fowler, who makes his first appearance in the team, has at times batted exceedingly well, and has also been very useful behind the wickets.

C. A. Anderson, who is another new member, did not play often enough to show his true form.

Turning to the bowling, it will be seen that L. B. Bigg has by far the best average, viz. 36 wickets at a cost of 13·7 apiece.

H. W. Pank has taken the most wickets, at times bowling in his best form, notably against Kensington Park, when he took 8 wickets for 70 runs.

As the majority of this year's team will be available next year, we hope that the record may then be a better one.

At present there are rumours of our having some good "freshers" up for next season, and we sincerely hope that this is true, and that next year we may have some good men to replace those who are out of their year.

We should like next year to see a little more keenness displayed in men going down to practice oftener than they have done this year; and, while we are grumbling, let us also add that we feel sure that if the general members of the Hospital took a little more interest in the doings of the Cricket Club, and went to a few matches, it would act as a considerable stimulus to the team.

While on this subject, we might add that in 1898, when we won the Cup, there were only half a dozen Bart.'s men on the ground, and most of those were personal friends of members of the team.

BATTING AVERAGES, 1899.

Not less than six innings.

	No. of innings.	Not out.	Total runs.	Highest score.	Average.
H. E. Scoones	14	2	279	59	23·25
C. H. Turner	9	1	154	56	19·25
H. E. G. Boyle	17	1	272	89	17·00
T. H. Fowler	15	2	214	57	16 46
C. A. Anderson	6	1	70	44*	14·00
J. C. Sale	13	0	171	47	13·16
J. M. Collyns	6	0	74	28	12·3
H. W. Pank	16	3	153	20	11·76
H. B. Hill	14	3	121	43	11·00
L. B. Bigg	12	0	103	28	8·58
B. N. Ash	6	0	41	18	6·83
C. F. Nicholas	7	1	39	20*	6·5
F. E. Brunner	6	0	23	10	3·83

Not less than three innings.

C. H. Fernie	4	2	36	32*	18·00
G. H. Adam	3	0	52	43	17·3
H. T. Wilson	5	0	82	46	16·4
H. S. Greaves	3	0	42	22	14·00
L. V. Thurston	3	2	31	12*	10·3
H. E. Stanger-Leathes	5	0	36	11	7·2
H. S. Ward	4	1	15	7	5·00

The following also played:—H. Bond, 15; L. B. Rawling, 32; H. Whitwell, 8; W. A. Murray, 0; A. H. Bostock, 0; E. F. Rose, 5 and 6; H. W. Carson, 16; H. W. Masterman, 0*; W. H. Randolph, 7 and 1.

* Indicates not out.

BOWLING AVERAGES, 1899.

	Overs.	Maidens.	Runs.	Wickets.	Average.
L. B. Bigg	173	32	494	36	13·72
H. E. G. Boyle	121	13	418	22	19·00
J. C. Sale	166	29	550	27	20·37
H. W. Pank	305	69	883	43	20·53
C. H. Turner	68	8	263	9	29·2
H. E. Stanger-Leathes	40	5	104	3	34·6
C. Anderson	7	2	24	1	—
H. T. Wilson	13	4	36	1	—
H. E. Scoones	5	0	28	0	—
H. Whitwell	3	1	16	0	—
L. V. Thurston	3	0	18	0	—
H. S. Greaves	24	8	66	3	22
E. F. Rose	23	3	93	0	—
H. W. Masterman	5	2	22	0	—
H. B. Hill	3	0	28	0	—
B. N. Ash	3	0	17	0	—

RUGBY UNION FOOTBALL CLUB.

SEASON 1899—1900.

President.—A. A. Bowlby, Esq., F.R.C.S.

Vice-Presidents.—A. N. Weir, Esq., F.R.C.S.; J. S. Sloane, Esq., F.R.C.S.; W. F. Bennett, Esq., M.R.C.S., L.R.C.P.; A. J. W. Wells.

Captain 1st XV.—H. C. Adams.

Vice-Captain.—A. O'Neill.

Hon. Secretary.—A. O'Neill.

Assist. Hon. Secretary.—H. E. Stanger-Leathes.

Captain 2nd XV.—F. Harvey.

Committee.—C. Dix, H. T. Wilson, J. M. Plews, J. B. Gillies, L. R. Tosswill, F. R. Carroll, W. H. Scott, B. N. Ash.

The prospects for this season are somewhat brighter, there being some very promising freshers up this term. Most of last season's forwards are available, and when the outsides have settled down some good results should be shown. The great thing to be desired is that the men who play for the Hospital should endeavour to keep themselves in training as much as possible, as it stands to reason that no team, however good or bad they are, can hope to win matches unless they pay great attention to this point. We have a very promising second team to fall back on.

ST. BART.'S *v.* CIVIL SERVICE.

Played at Richmond on October 7th, Civil Service winning by 2 tries to *nil*.

Although the season opened thus somewhat disastrously, we were handicapped by playing one forward short throughout. We pressed considerably during the first half, and only failed to score more than once through the utter inability of our three-quarters to hold their passes. Early in the second half Ash all but obtained a try, and was only collared close to the line. The forwards visibly tired towards the end of the game, and within the last quarter of an hour our opponents scored twice, the kicks failing on each occasion. Wilson, Adams, and Ranking were the most prominent forwards, whilst Ash was the pick of the outsides.

ST. BART.'S *v.* R.M.C., SANDHURST.

Played at Camberley. R.M.C. won by 2 goals 1 try (13 points) to a goal and a drop goal (9 points).

Once again only fourteen men appeared, and a substitute had to be obtained on the ground. The play was most even throughout, the ball travelling at a great rate from one end of the ground to the other. The game opened with a magnificent piece of passing between the Bart.'s outsides, the ball passing from hand to hand with clockwork precision. This was only a flash in the pan, as afterwards the three-quarters (especially in the centre) failed to show even moderate ability in handling the ball. In the first half Sandhurst scored twice, in both cases the bad marking out of touch being responsible. Half-time found our opponents a goal and a try to the good. Shortly after the interval one of the Sandhurst centre three-quarters was obliged to retire owing to an injured knee. The game remained in our opponents' quarters for a considerable time after this, and our efforts were at last rewarded by Howell dropping a very fine goal. This inspired the team to greater efforts, and after further pressing Drury scored behind the posts; O'Neill converted. In the last ten minutes Sandhurst scored again, and the try was converted. We were very unfortunate in losing, as the forwards almost invariably obtained possession of the ball, and heeled excellently. Wilson, Neligan, and Graham were the pick of the forwards, and the halves also did some sterling work. Team:

St. Bart.'s.—E. S. Marshall (back); F. R. Carroll, G. D. Drury, H. W. Thompson, T. O'Neill (three-quarters); B. N. Ash, T. Howell (halves); H. C. Adams, A. O'Neill, H. T. Wilson, A. R. Neligan, R. Douglas, H. E. Graham, H. E. Stanger-Leathes.

ASSOCIATION FOOTBALL CLUB.

OFFICERS.

President.—W. H. H. Jessop, Esq., F.R.C.S.

Captain.—A. H. Bostock.

Vice-Captain.—L. Orton.

Secretary.—V. G. Ward.

Captain and Secretary 2nd XI.—C. H. Fernie.

Committee.—L. E. Whittaker, J. A. Willett, H. N. Marratt, H. H. Butcher, C. O'Brien, T. H. Fowler, H. W. Masterman.

We start this season with very good prospects, all of our last year's team except J. A. Willett, last year's captain, being in their year. Our fixture card has been slightly improved, and, thanks to our last year's Secretary, every Saturday and Wednesday is filled up to the end of February. As there are a great many old Bart.'s players up this term, a match, Past *v.* Present, has been arranged to take place on Wednesday, November 8. Among the freshmen up this term R. C. Berryman, J. P. Griffen, and W. S. Nealor have already shown good form.

ST. BART.'S *v.* CIVIL SERVICE.

Played at Neasden on October 11th, and resulting in a win for the Hospital by 4 goals to 2. This was the first match of the season. Civil Service started the game, and as it was a dry day, the game soon became fast. Lister made the first point from an excellent pass by Willett. The back defence was good, although our oppo-

nents might have scored if their shooting had been better. Just before half-time Lister added our second point.

The Hospital started the second half by attacking vigorously. Civil Service got their first point from a scrimmage in front of goal. Very soon after this Lister added our third point. Fowler then came up centre-half and Nealor went back. Our opponents obtained their second point from a corner. The Hospital soon retaliated by a clever goal by Berryman, making the score 4 to 2 in our favour.

Among the forwards Lister and Willett were good, and Berryman made a good first appearance in the team. The combination was never very good. Griffen brought off some excellent saves and cleared very well.

Team.—J. P. Griffen (goal); L. Orton, T. Smith (backs); F. E. Taylor, J. W. Nealor, T. Bates (halves); H. N. Marratt, R. C. Berryman, J. A. Willett, V. G. Ward, F. S. Lister (forwards).

ST. BART.'S *v.* R.M.A., WOOLWICH.

Played at Woolwich on October 14th. Bart.'s 3, R.M.A. 0. The Hospital were not at their full strength. The R.M.A. started the game, and the Hospital immediately began to attack, most of the work being on the left wing. Berryman sent in a hot shot which hit the cross-bar and the ball rebounded into play; it was, however, instantly cleared, and taken down the field. Play began to get fast, and O'Brien, taking a pass sent in from the left, put in a hot goal. Ward added a second point soon afterwards. At half-time the score was 2 to love.

The second half was a great deal slower than the first. The R.M.A. tried hard to score, but Griffen was playing a cool game in goal and saving in excellent fashion. He was soon called upon to save a penalty kick, which was not deserved. After the penalty, which was stopped, a sharp *mêlée* occurred in front of the Hospital goal, but the ball was soon cleared.

Marratt added the third point after running down the ground with O'Brien.

The combination was not good; Lister and O'Brien were the best of the forwards. Nealor and Miller played up vigorously at half. Orton and Fowler were both good, and Griffen played a sound game.

Team.—J. P. Griffen (goal); L. Orton, T. H. Fowler (backs); G. W. Miller, J. W. Nealor, W. Jones (halves); H. N. Marratt, R. C. Berryman, C. O'Brien, V. G. Ward, F. S. Lister (forwards).

HOCKEY CLUB.

The following officers have been elected for the ensuing season:

President.—Dr. H. Morley Fletcher.

Captain.—D. Jeaffreson.

Hon. Secretary.—A. H. Pollock.

Committee.—V. G. Bull, F. H. Beckett, M. O. Boyd, P. Glenny, J. A. Nixon.

Dr. H. Morley Fletcher, the President of the Club, has very kindly promised to present an Inter-Hospital Challenge Cup for hockey this year. This, it is hoped, will induce a greater keenness in the game. We are awaiting the results of the general meetings of the other hospitals to decide which will enter for the cup. It is hoped that all good men will help the hospital to become a first-class team by representing it instead of other clubs. The club has rapidly improved since its formation. The season looks very promising, and there seems every chance of forming a 2nd team, for which some matches have been arranged. The secretary will be pleased to receive the names of all freshmen and others desirous of playing this year.

The following is a list of matches:

Date.	*Club.*	*Ground.*
October 4.	—Practice game	Winchmore.
,, 7.	—Cheshunt	Broxbourne.
,, 14.	—Crystal Palace 2nd XI	Home.
,, 18.	—Royal Observatory	Blackheath.
,, 21.	—Kensington	Away.
,, 25.	—Ivanhoe Wanderers	Home.
,, 28.	—Herts County	St. Albans.
November 1.	—Blackheath School	Blackheath.
,, 4.	—Ilford Park	Ilford.
,, 11.	—Waldergrave Park	Home.
,, 15.	—Kingston Grammar School	Kingston.
,, 18.	—Hitchin	Hitchin.
,, 25.	—Brockley	Brockley.
December 2.	—Crystal Palace 2nd XI	Home.
,, 9.	—Tulse Hill 2nd XI	Home.
,, 13.	—Tunbridge Wells	Tunbridge Wells.
,, 16.	—West Thurrock	Grays.
,, 23.	—Finchley 2nd XI	Finchley.
January 6.	—West Thurrock	Home.
,, 10.	—Tunbridge Wells	Home.
,, 13.	—Hitchin	Home.
,, 20.	—Tulse Hill 2nd XI	Tulse Hill.
,, 27.	—Waldergrave Park	Twickenham.
February 3.	—Cheshunt	Home.
,, 7.	—Blackheath School	Blackheath.
,, 10.	—Kensington	Away.
,, 14.	—Kingston Grammar School	Home.
,, 17.	—Brockley	Home.
,, 24.	—Norwood	Norwood.
March 3.	—Southgate (A.)	Southgate.
,, 10.	—Herts County	Home.
,, 17.	—Kidbrook	Home.
,, 24.	—Royal Observatory	Home.
,, 31.	—Ilford Park	Home.

ST. BART.'S *v.* CHESHUNT.

We opened the season well on Saturday, October 7th, by beating Cheshunt at Broxbourne by 7 goals to 2. Our opponents, however, played one short in the second half. From the start our forwards kept the ball by means of excellent combination, Beckett scoring three times in the first half, and Bull and Pennefather once. Cheshunt only once became dangerous, when they scored. In the second half Beckett and Pennefather each scored again for the Hospital, and Cheshunt obtained another goal.

Team.—E. T. Glenny, D. Jeaffreson, H. E. Flint (backs); A. H. Pollock, J. A. Nixon, M. O. Boyd (half backs); A. Hallowes, T. A. Mays, F. H. Beckett, C. M. Pennefather, G. V. Bull (forwards).

ST. BART.'S *v.* CRYSTAL PALACE 2ND XI.

Played at Winchmore Hill on October 14th, and resulting in a win for the Hospital by 5 goals to 1. Crystal Palace turned up one short, but were provided with a substitute. The Hospital attacked from the start and were in our opponents' 25 for most of the first half, Beckett scoring twice and Mays once. In the second half our opponents obtained the ball and, by means of a rush, scored a goal. After this our forwards had most of the game, and, although shooting freely, only scored two more goals—Glenny (1) and Bull (1).

Team.—E. T. Glenny, D. Jeaffreson, H. E. Flint (backs); A. H. Pollock. T. A. Mays, M. O. Boyd (halves); A. Hallowes, J. A. Nixon, F. H. Beckett, G. V. Bull, R. C. Wilmot (forwards).

ST. BART.'S *v.* ROYAL OBSERVATORY.

Played at Blackheath on Wednesday, October 18th, and resulting in a win for the Hospital by 3 goals to 1. The ground was undoubtedly the worst we have ever played on. At the start R.O. rushed us and remained in our 25, but the backs cleared well, and the forwards, by means of good combination, enabled Glenny to score. From the bully which followed R.O. immediately scored. No more goals were scored up to half-time. In the second half the game was very fast, but Muirhead in goal saved well. Glenny scored a good goal from a difficult angle and followed up by shooting another from nearly the same place as the whistle blew.

Team.—A. H. Muirhead (goal); W. Coalbank, H. E. Flint (backs); H. B. Hill, A. H. Pollock, M. O. Boyd (halves); A. Hallowes, Lloyd Jones, E. T. Glenny, H. van Laum, R. C. Wilmot (forwards).

BOXING CLUB.

It is to be hoped that freshmen and others who box, or wish to learn, will use this Club more frequently this year; as, owing to the scarcity of active members, no competition has taken place during the last two seasons. For further particulars apply to—

S. E. CATHCART, J. C. S. DUNN } *Hon. Secs.*

Old Students' Dinner.

THE Annual Dinner of Old Students was held in the Great Hall on Monday, October 2nd, and was even more successful than usual. This *réunion* has always recommended itself to Bart.'s as a more satisfactory way of beginning the new season than a formal inaugural address. And as the Abernethian Society provides us with an excellent address at its opening meeting, this plan has much to recommend it. When Dr. Lauder Brunton took the chair shortly after 7 p.m., it was found that 167 old students and guests were assembled. This number has only been exceeded twice; once, about twenty years ago, when Sir James Paget occupied the chair the attendance was 171, and two years ago, under the chairmanship of Sir Thomas Smith the record was reached at 174. The guests included Sir William Mac Cormac, Prof. Clifford Allbutt, Dr. Jameson, Director-General of the Army, the Master of the Society of Apothecaries, Sir Frederick Abel and Dr. Russel, both former lecturers on chemistry here, Sir Norman Lockyer, Mr. Briton Riviere, and Mr. W. H. Cross.

The dinner was supplied by Messrs. Ring and Brymer, and was, as usual, excellent. After the loyal toasts Professor Clifford Allbutt proposed "The Hospital and School" with his accustomed grace. Dr. Brunton was accorded a hearty reception on rising to reply to this toast. While claiming that this hospital had the best possible equipment in the wards, he felt that at present the school was greatly hampered on its scientific side by inadequate space and resources. He had recently visited Marburg, and though the hospital wards seemed decidedly inferior to those we are accustomed to, he was much struck by the well-equipped clinical laboratory attached to each ward. At present the Pharmacological Department here was housed in a room 14 feet by 8½. It was impossible for us to keep abreast of the advances made daily in pharmacology in a room of these dimensions. The first care of the governors must necessarily be the patients, but if we were to give the patients all the advantages derived from the progress of scientific medicine greater facilities for research must be found. He appealed for funds to equip research laboratories in connection with the Hospital and Medical School, of which we were all naturally so proud.

Sir Dyce Duckworth proposed the toast of the Navy, Army, and Reserve Forces, on whom at the present crisis we had to depend so much, and in whom we felt so much confidence. The Director-General in his reply denied with some warmth the truth of the aspersions which had been cast on the Royal Army Medical Corps at the recent meeting of the British Medical Association.

Dr. Church proposed the health of the visitors, and Sir Norman Lockyer responded. The Treasurer, Sir Trevor Lawrence, proposed the toast of the Chairman. Dr. Lauder Brunton in a humorous reply said that it had been the wish of his life to be tall. This wish had not been gratified; but once when he looked at his reflection in a concave mirror he was delighted, for he saw himself as he would like to be. Listening to Sir Trevor's complimentary remarks he felt that he heard his character stated not as it was, but as he would like it to be.

The last toast was the health of the Secretary, Mr. Bruce Clarke, whose excellent arrangements had contributed so much to the success of the evening. Sir Thomas Smith, who proposed this humorously, thanked Mr. Bruce Clarke for assisting so ably in the abdominal operations which the diners had just completed. Mr. Bruce Clarke replied suitably, and a move was made to the Library, where coffee and conversation occupied the attention till a late hour.

Abernethian Society.

Founded 1795. *Winter Session*, 1899–1900.

Committee of Management.

Presidents:—Mr. A. R. J. Douglas, Mr. L. B. Rawling.
Vice-Presidents:—Mr. W. T. Rowe, Mr. H. D. Everington.
Treasurer:—Mr. A. Willett, F.R.C.S.
Hon. Secretaries:—Mr. E. M. Niall, Mr. Reginald Bigg.
Additional Committeemen:—Mr. E. C. Williams, Mr. J. Corbin.

This Society, composed of the Teachers and Students of the Hospital, holds its Meetings in the Abernethian Room every Thursday evening, at 8 o'clock precisely, during the Winter Session, for the Reading and Discussion of Papers on Subjects of Medical Science or Practice, and for the Exhibition of Clinical Cases and Pathological Specimens.

List of Papers to be Read before the Society.

1898.	*Author's Name.*	*Subject of Paper.*
July 6,	—Dr. Klein, F.R.S.	The Relationship of Bacteriology to Medicine.
Oct. 5,	—Dr. Church	The Progress of Medicine during Reign of Queen Victoria.
,, 12,	—Dr. W. E. Lee	Six Months with Her Majesty's Forces.
,, 19,	—.....	Discussions, Clinical and Pathological.*
,, 26,	—Mr. R. D. Parker, M.B.....	Concerning the Arthritic Diathesis. A preface and some figures.
Nov. 2,	—Mr. F. Womack, M.B., B.Sc.	Some Cases in Toxicology.
,, 9,	—Dr. A. E. Garrod	Some Clinical Aspects of Children's Diseases.
,, 16,	—Dr. Wilfred B. Warde	Ringworm and Favus considered in the Light of Recent Researches.
,, 23,	- Mr. Stanley B. Atkinson, B.Sc., LL.B.	Libel and Slander in Relation to the Medical Man.
,, 30,	—Mr. C. S. Myers, M.B.	The Treatment of Diseases by the Natives of Torres' Straits and Borneo (illustrated by Lantern Slides).
Dec. 7,	—Mr. Stephen Paget, F.R.C.S.	Adenoids.
,, 14,	—Mr. C. G. Watson, M.R.C.S.	The Surgical Sequelæ of Otitis Media.
1900.		
Jan. 11,	—Dr. Calvert	The Office of Warden.
,, 18,	—Mr. T. J. Horder, M.B., M.R.C.P.	Notes from the Casualty Department.
,, 25,	—.....	Discussions, Clinical and Pathological.*
Feb. 1,	—Mr. J. H. Churchill, M.R.C.S., L.R.C.P.	Some Features of Blood Pathology.
,, 8,	—Mr. J. L. Maxwell, B.S.....	On the Treatment of Pelvic Diseases by Posterior Colpotomy.
,, 15,	—Mr. L. B. Rawling, M.B. ...	New Growths of the Œsophagus.
,, 22,	—.....	Discussions, Clinical and Pathological.*
Mar. 1,	—Mr. W. E. Miles, F.R.C.S.	Abscesses in the Peri-anal and Peri-rectal Regions.
,, 8,	—Dr. T. Thursfield	The Enlargement of Spleen in Children.
,, 15,	—.....	Annual General Meeting.

* At these Meetings short communications may be made to the Society, with or without illustrative cases or pathological specimens. At all Meetings Members are invited to show cases of interest.

Correspondence.

To the Editor of the St. Bartholomew's Hospital Journal.

Dear Sir,—The beginning of another winter session has come and gone, and with it the usual gathering together of men who rejoice in the common title of "Old Bart.'s Students." I am glad to hear that this year's "Old Students' dinner" was as great a success as ever; but I should like to call attention, through the columns of the Journal, to one fact which prevented it from being an even greater success – the very considerable expense attaching to it.

The cost of the dinner itself is a guinea, and for the many men who live at a distance there has to be added the expense of a railway journey, and very possibly of staying the night in London.

It seems to me that the fundamental feature of such a gathering should be representativeness. It should be possible for any old

Bart.'s man to take advantage of this, one of the few opportunities for rejoining his former friends. Yet, to my own knowledge, numbers of men are not present at the Old Students' dinner simply and solely because they do not consider the expense justifiable. If it were necessary it would be another matter, but that it is not necessary seems to be proved by the fact that other dinners connected with hospital institutions, not less enjoyable and enthusiastic, are carried out on far more economical lines.

Cannot some alteration be made to remedy this drawback? It surely cannot be the fact that the possessors of unlimited guineas would mind having for once a less elaborate *menu* if thereby the annual gathering in the Great Hall could be rendered more really the "Old Students' dinner."

Yours, etc.

JAMES HUSSEY.

The Malingerer.

[A COSTER DITTY.]

(From *Bartholomew Ballads.* By F. W. GALE.)

NOW wot oi sez is this, sez oi, as 'orspitals is rotten,
And Doctors aint no bloomin' kind of good;
Oh yuss oi does, you bet oi does, oi knows a bit abaht 'em!
And oi'd show 'em up, so'elp me, if oi could.
Oi goes into 'em reglar, when the rhino aint so ready
They're 'andy institootions for *that* gime:
But Lord it ain't no lavender, they makes you keep so steady,
There ain't no fun, it's all so bloomin' time.

It's all very well when a feller's *really* bad,
But when a bloke wants nothing but a rest,
'e don't want stoodints messin'
All arahnd 'im wiv their dressin'
And a 'ammering and a bangin' ov 'is chest.

The diseases that oi've 'ad, well it's a wonder oi ain't dead,
Oi've tiken all their physics every ways;
The safest thing oi've struck as yet's a toomer in the 'ed
Them paralytic fikes most always pays.
Oi remember once oi tried a bloomin' toomer in the chest,
But you bet your life oi don't try *that* no more;
They said oi'd got a rism' and oi needed puffect rest,
When oi thinks of 'ow they starved me oi feels sore.

It's all very well when you're aht and abaht,
You can git yer bit ov 'addick on the sloi,
But when they kips you quoiet,
And yer lives on Tufnell's doiet,
It mikes a feller want ter doi.

Then another thing abaht them rotten 'orspitals yer know
They're much too free a messin' with the soap:
When us fellers gets the management of London—well we'll show
Them 'orspitals a thing or two, I 'ope.

It's a dahnright degredation to the 'onest workin' man
For to go and troy to foind 'is buried shirt;
'Oi don't 'old wiv this yer washing—'Oi 'ates the water can,
It's me mark of 'onest labour is the dirt.

It's all very well when a feller *needs* a wash
(Tho' washin' ain't so 'elthy as they say),
But to take and put 'im in it
Every other bloomin' minut'—
Yer gits nothin' but the shivers all day.

The Rahere Lodge, No. 2546.

AN ordinary meeting of the Lodge was held at Frascati's Restaurant, on Tuesday, October 10th, 1899, W. Bro. R. J. Reece, the W.M., being in the chair. Bro. Stack was raised to the third degree, and Bros. Slater, Cornish, Tunnicliffe, Austen, and Heath were passed to the second degree.

Bro. J. W. Haines's resignation, on account of distance from London, was accepted with regret.

Forty brethren and their guests afterwards dined together.

Reviews.

SURGERY: a Treatise for Students and Practitioners, by THOMAS PICKERING PICK. (Longmans, Green, & Co., London. Price 25*s.*).

During the last few years a large number of new text-books of surgery have been published, many of which have only received a small amount of patronage, whilst others have firmly established themselves as indispensable to the student preparing for examination, and valuable as works of handy reference to the practitioner. We think there is little room for a new text-book, unless it can show points of decided superiority over the existing books. The nature and scope of the latest book, now before us, is well explained by the following extracts from the preface:

"This book is the substance of lectures on surgery, which I delivered at St. George's Hospital for fifteen years, modified, of course, from time to time in accordance with the advances made in the science and art of surgery." . . . . "The book has been written mainly for students, but I hope that practitioners will find it a useful work of reference" . . . . "The work may be regarded as the outcome of the experience of a hospital surgeon and teacher for nearly thirty years." . . . . "For the most part I have only described the treatment which in my experience has proved most beneficial, and have merely incidentally alluded to other plans, or have omitted them altogether." Thus, we see that the book caters for two classes of readers, the requirements of which differ considerably. The practitioner requires little theory or pathology, but well-drawn clinical pictures and a discussion of treatment, to which he can turn and find all the necessary details. We think he will not here be often disappointed. The student, on the contrary, wants not so much the detailed opinions of one man—no matter how excellent—as a *résumé* of *all the recognised opinions* of different schools. His examiners are human, and do not relish the advocacy of opinions which they oppose, especially if the candidate knows nothing of their own particular views. And from this standpoint we think the student will find the book deficient. For example, treating of fractures of tibia and fibula near the ankle-joint, the author recommends the use of back-splint, with foot-piece and two side splints. (We note, by the way, that the use of a cradle is not mentioned.) He says, *apropos* of other methods of treatment, ". . . . personally I have never seen a case which required any special treatment." This may be true, but a candidate who does not know more of Cline's, Roughton's, and Dupuytren's splints than the author gives him will not favourably impress the examiners.

The book is conveniently arranged into four sections: (1) Inflammation; (2) General injuries; (3) General diseases; and (4) Injuries and diseases of special tissues and organs. There is a very good appendix dealing with amputations.

We are glad to see that there is no attempt to dismiss the subject of diseases of the eye in the few pages usually devoted to the subject in other text-books. It is utterly impossible to teach anything worth knowing in the space which can be spared in such a text-book as this. The example might well be followed by other authors.

The chapter dealing with sapræmia, septicæmia, and pyæmia is accurate and quite up to date, but is so confused that we fear the student approaching the subject for the first time will form no clear views as to the essential differences between the three conditions.

We expected the chapter on fractures to be the best in the book, but in this we are disappointed. The points to be attended to in diagnosing the nature of an injury are often very meagrely discussed; and the various methods of treatment, a knowledge of which is expected by the authorities on the Embankment, are often only mentioned, all the discussion being devoted to the author's particular method.

The article dealing with fracture of the patella is excellently written, and the relative applicability to different classes of cases of treatment by apparatus or operation is argued most clearly and fairly.

We notice that the author recommends the treatment of fracture of the shaft of the femur without weight extension, a method which we think will, in the hands of most men, not yield satisfactory results.

The chapter on tumours is well written and clear, though we think it unwise to speak of a "parostial lipoma" without explaining why the tumour is not called periosteal.

The subject of hernia occupies forty-three pages, the classifications being good and clear, and the treatment well described. One criticism we would offer is, that in view of the awful disasters brought about by opium in cases of complicated herniæ, its use ought never to be recommended without pointing out its dangers. The author advises opium for obstructed hernia, treatment which is unobjectionable provided the diagnosis is correct. But if the practitioner gives opium to a case of strangulated hernia, thinking it to be merely obstructed (a mistake that is constantly made, and often difficult to avoid), serious results follow. No doubt the experienced hospital surgeon is unlikely to make the mistake, but the student or practitioner only too readily flies to opium, and wraps himself in a disastrously false security. The operative surgery of the alimentary canal is very fully described, and brought quite up to date. Very clear descriptions of end-to-end anastomosis of intestine are given, the explanatory diagrams being particularly clear.

Diseases of the thyroid gland are treated very inadequately, and the account is very likely to lead the reader into mischief. The subject of treatment of simple tumours (adenoma, etc.) is dismissed in fifteen lines, two being devoted to treatment. Speaking of cystic bronchocele, we are told as the first treatment that "the cysts may be treated by tapping them, and injecting a solution of iodine or iron, and leaving the cannula *in situ* until suppuration is established. This plan of treatment is attended with risk . . . . . " We endorse this opinion so strongly as to regret its being suggested. Speaking of division of the isthmus of the thyroid, the author says, "This operation should always be first tried in those cases where both lobes are equally enlarged." We consider the operation a bad one, especially when dyspnœa is the indication for treatment, because it allows the lateral lobes to still further increase their pressure on the trachea. If the dyspnœa arose from antero-posterior pressure the operation might do good, but this is not so. No mention is made of the dangers arising from the administration of general anæsthetics, and the advisability and practicability of using cocaine or eucaine in operations on goitre. This leads us to the remark that there is no chapter on anæsthetics, and nowhere we come across any reference to the advantages of cocaine or eucaine in minor surgery.

The chapters on diseases of the ear and nose and diseases of the female genital organs are, of course, in a book of this kind very brief (for example, the subject of parametritis is dismissed in less than half a page), and makes us wonder whether, when the book must be kept within certain limits, it would not be better to leave them out altogether, for the accounts given are so meagre as to be almost useless, if not misleading.

The illustrations are the weakest part of the book; with few exceptions (*e.g.* figs. 32, 179, 301, etc.) the drawings are sketchy to a degree, do not help the reader at all, are often difficult to understand, and in a few cases border on the ludicrous (figs. 49, 239, 342, 414, etc.).

The book as a whole, however, is a very good one, and we can recommend it to both classes of readers catered for. It lies midway between the mere catalogue-like compilation on the one hand, and the exhaustive treatise on the other. The subjects are discussed in very pleasant readable English, the printing is good, each paragraph being headed with large type, which makes rapid reference easy. The index is also good.

Bartholomew Ballads. (Written, composed, and sung by Frederick W. Gale at the Concerts of the St. Bartholomew's Hospital Smoking Concert Club, 1893-5. Printed for private circulation.)

We have been looking forward to this little book for some time, and we are glad to inform our readers at last that those of them who care to forward name, address, and Postal Order for 2s. 6d. to the author, Kaikoura, New Zealand, will receive a copy by return of post.

Mr. Gale "respectfully dedicates" his collection of songs ("without their permission") to Howard Marsh, Esq., F.R.C.S., and W. J. Walsham, Esq., F.R.C.S., "to whose active patronage the Smoking Concert Club owed the popularity it possessed in 1895." The author's preface is so characteristic that we quote it in full:

"The title of this great work has a resonant kind of sound, and I regard it as rather a neat thing in the way of titles, but I am afraid it will cause confusion. Worthy persons who do not frequent Smoking Concerts will perhaps wonder which are the 'ballads.' I looked up 'ballad' in Webster, and found that it is 'a popular song, in simple verses;' the word comes from the Spanish 'balladore,' or bally something or other. Then I thought I had better call them 'Comic Songs,' but the word 'comic' might lead to strife. I finally decided to let them go as 'ballads' and take the consequences, as some of them were popular, and they all verge on the simple, if they do not overstep this limit. They are the words of songs which have been sung before a Bart.'s audience, and may be interesting to those who have heard them from the platform; and it is for these persons that I have had them printed, as I do not imagine for one moment that they contain any flights of 'poetry' that will commend them to any one else.

"As I understand that the 'Smoking Concert Club' is now defunct, I have also inserted a copy of the programme and press notices of the last 'Smoker' at which I was present. This, not so much for my own glorification, as to show that there was once a good Smoking Concert Club in existence at St. Bart.'s, with distinguished support from the authorities. It took us a long time to convince the said authorities that we could attend a concert outside the sanctuary of the Library, without necessarily spending the balance of the evening at the nearest Police Station—but we did it—and I regret to hear that the good old club is no more."

All the old familiar songs are here, with the addition of half a dozen new ones. Some of them have already appeared in the columns of the Journal, and, if a somewhat free use of them as "copy" for our contemporaries is any indication of their popularity, they well merit publication in this new and permanent form. We have little doubt that Mr. Gale will quickly be inundated with orders for the book from past and present Bart.'s men, so much so that we trust the contingency of which he whispers in our private ear, that "the children will have to go without jam for awhile" to cover the expenses incurred, will not arise. It is to be regretted that Mr. Gale could not see his way to print the music of the songs, but we can readily understand that such an enterprise would involve considerable outlay, and perhaps risk much more than the children's jam. As frontispiece to the book is a reproduction of a very faithful likeness of the author.

As for criticism, what critic would dare to risk his neck by the least word of dispraise, when the acclamation of successive years of Bart.'s men has been freely accorded to Mr. Gale's efforts? The safest criticism of these songs is the memory of them that still lingers as a household word in the talk of the Square and the smoking room, and wherever Bart.'s men do congregate.

Mr. Gale concludes his collection by "A Message," which we are pleased to be able to reproduce in full:

Far away 'n the South Pacific,
In a land that's passing fair,
I often sigh for the days gone by,
And a sight of the dear old Square.
Oh for an hour on the fountain's rim,
With a pipe and the "Special" *Star*
On a June day clear, with never a fear
Of the Surgical Registrar.

Ah me, I fear 'tis a fancy dream,
If ever there comes that day,
The fountain dear, will be there to cheer—
But my pals—oh where are they?
Some are qualified, some are dead,
But they've all of them gone away.

* * * * * *

There are some of my "pals" on the wild Karoo,
There are some on the Indian plains,
There are some do well, in a gold Court hell,
That is—until it rains!
We're scattered all over the world we are,
But wherever we live, our hearts
Are always stirred, at the sound of that word,
The sound of that word—"St. Bart.'s."

Examinations.

CONJOINT BOARD.

Practical Pharmacy.—Hawes, C. S., Stanger-Leathes, H. E., Seagrove, G. M., Serpell, J. S., Williams, E. C.

Anatomy and Physiology.—Miller, G. W., Slade, H. J., Parbury, F. D., Plews, J. M., Hughes, E. V., Coare, R. B., Acres, G. C. J., Fowler, T. H., Hanbury, R. J., Davis, C. N., Wilmot, R. C.

UNIVERSITY OF DURHAM.

The degrees of M.B. and B.S. have been conferred on C. W. von Bergen.

Appointments.

ADAMSON, H. G., M.D.(Lond.), M.R.C.S., L.R.C.P., appointed Honorary Assistant Medical Officer to the Royal Surrey County Hospital, Guildford.

* * *

BRICKWELL, F., M.B., L.R.C.P.(Lond.), M.R.C.S., has been appointed House Surgeon to the Windsor Infirmary.

* * *

COLLYER, B. J., M.R.C.S., L.R.C.P., appointed Surgeon to ss. Ulysses (Holt Line).

* * *

DAVEY, E. L., L.R.C.P.(Lond.), M.R.C.S., has been re-appointed Medical Officer of Health by the Walmer Urban District Council.

* * *

GREAVES, H. S., M.R.C P., L.R.C.P., appointed House Surgeon to Out-patients at the Hospital for Children, Great Ormond Street.

* * *

HAYES, A. H., M.R.C.S., L.R.C.P., appointed House Surgeon to the East London Hospital for Children, Shadwell.

* * *

MCLEAN, W. W. L., M.R.C.S., L.R.C.P., appointed Surgeon to ss. Dunottar Castle

* * *

MITCHELL, A. M., M.A., M.D., B.C.(Cantab.), D.P.H.(Camb.), appointed Honorary Assistant Medical Officer to the Royal Surrey County Hospital, Guildford.

* * *

SEWELL, E. P., M.B., B.C.(Cantab.), appointed Assistant House Surgeon to the Wolverhampton Hospital.

* * *

SHELLEY, P. W. G., L.R.C.P.(Lond.), M R.C.S., has been appointed Medical Officer for the Cruwys Morchard Sanitary District of the Tiverton Union, *vice* G. F. Welsford.

* * *

SLATER, ALAN, M.B., C.M.(Edin.), M.R.C.S., L.R.C.P.(Lond.), appointed Assistant House Surgeon to the Royal Portsmouth Hospital.

* * *

THOMAS, C. J., B.Sc., M.R.C.S., L.R.C.P., appointed House Surgeon to out-patients at the Hospital for Children Great, Ormond Street.

THOMAS, H. S., M.R.C.S., L.R.C.P., appointed Assistant House Surgeon to the Royal Hospital, Guildford.

* * *

TURNER, E., M.B., B.S., B.Hy.(Durham), M.R.C.S., L.R.C.P., appointed an Assistant Medical Officer to the Fountain Fever Hospital.

* * *

WHINCUP, F., M.R.C.S., L.R.C.P., appointed House Surgeon to the Stroud Hospital.

Changes of Addresses.

ACKLAND, R. C., from 13, Savile Row, to Brook Street, W.

BERRY, J., from 60, Welbeck Street, to 21, Wimpole Street, W.

DICKENS, S. J. O., from Peterborough to Cowfold, near Horsham, in partnership with W. Homewood Gravely.

HORDER, T. J., from 29, Constantine Road, Hampstead, to 41, Savernake Road, Hampstead.

POYNDER, F. C., from Bedford to Sackville House, E. Grinstead.

TATHAM, E. J., from Halesowen to Hornby House, Cambray, Cheltenham.

Births.

BROADBENT.—On October 9th, at The Hall, North Collingham, Newark, the wife of Frank Broadbent, Esq., of a daughter.

BUTTAR.—October 6th, at 10, Kensington Gardens Square, W., the wife of Charles Buttar, M.D., of a daughter.

FINCHAM.—On Thursday, October 19th, 1899, at 17, John Street, Bedford Row, W.C., the wife of Ernest C. Fincham, M.R.C.S. (Eng.), L.R.C.P.(Lond.), of a son.

GILES.—September 22nd, at 340, Glossop Road, Sheffield, the wife of Leonard Giles, M.B., F.R.C.S., of a daughter.

JOWERS.—October 12th, at 55, Brunswick Square, Brighton, the wife of Reginald F. Jowers, of a daughter.

REECE.—October 16th, at 62, Addison Gardens, W., the wife of Richard J. Reece, M.A., M.D., of a son.

STOCKER.—On August 24th, at Clevedon, the wife of E. G. Stocker, M.R.C.S., L.R.C.P., of a son.

Marriage.

NEWTON—ADAMS.—On September 7th, at St. Stephen's, South Dulwich, by the Rev. F. E. White, M.A., Vicar, assisted by the Rev. G. Searle, M.A., Curate of Feltham, Herbert William Newton, M.R.C.S., L.R.C.P., eldest son of the late Rev. W. A. Newton, M.A., Chaplain of the Middlesex Industrial Schools, Feltham, to Florence Beatrice, youngest daughter of Frederic Emilius Adams of West Dulwich, and grand-daughter of the late Captain Cobb, R.N., of New Romney, Kent.

Death.

PALMER, EDWIN CHARLES, M.A., M.B., B.C.(Cantab.), on October 21st, at Lancaster House, Lincoln, in his 35th year.

ACKNOWLEDGMENTS.—*M.R.I., London Hospital Gazette, St. Mary's Hospital Gazette, The Nursing Record, The Stethoscope, St. Thomas's Hospital Gazette, Guy's Hospital Gazette, Charing Cross Hospital Gazette, Middlesex Hospital Gazette, The Broadway, St. George's Hospital Gazette, The Polyclinic, The Medical Review* (formerly *The Medical and Surgical Review of Reviews*).